

Comments by J. F. Mustard

PAST, PRESENT AND FUTURE OF THE AMERICAN SOCIETY OF HEMATOLOGY

1. A brief history of the principles of the Society and its development.

PAST

This section deals with three aspects of the origin and early history of the American Society of Hematology:

1. The creation of the Society
2. The Principles and the Constitution
3. The early history

FORMATION OF THE SOCIETY

Occasional casual remarks along the Atlantic City boardwalk, beginning in the late forties, were to the effect that the meetings of the Blood Club - held the first Sunday evening in May - were a great idea, so why not organize and form a Society? But, no one paid much attention. Everyone was busy with other affairs. Hematology was just emerging as a potential discipline in the U.S.A. Yet the Nidus was ripe for birth. The journal BLOOD had just sprung forward in the form of Bill Dameshek in full panoply like Athena out of the forehead of Zeus. The organization of European hematology was at least a decade ahead of America and the continental stimulus already had led to the formation of the European Society of Hematology, countless National Societies of Hematology and even an International Society of Hematology. It is worth recalling that the organizational meeting of the latter took place in Dallas, Texas, and in Mexico City in 1946, and the first International Congress of Hematology met two years later, again in the U.S., this time in Buffalo. Many of the persons responsible for its creation were American, and they catalyzed its creation for two reasons:

first, many of them had been in Europe during the war, and they were impressed with European hematology. They wanted to hold on to these ties and bring similar strengths to America. Second, they didn't think there were enough hematologists in this country to justify a separate American society. They thought any meeting had to be international to have a good program.

Let us now jump about 10 years in time to 1956. Again, the I.S.H. was meeting in the U.S., and this time in Boston. Henry Stratton had recovered from his accouchment of BLOOD. As a journal, it was a roaring success, both financially and scientifically. Bill Dameshek its editor was now President of the I.S.H. That Boston meeting of the I.S.H. was the first really large meeting of hematologists, roughly 2000 registrants. Dr. Dameshek, as well as the other members of his local committee, were greatly stimulated by it all. They realized there were many individuals in North America engaged in hematology research. At this point Henry Stratton again entered from left centre stage and sponsored a luncheon: 10 persons to whom he formally proposed the idea of an American Society of Hematology to perpetuate the spirit and enthusiasm that had been generated by the I.S.H. meeting. The luncheon quite likely was tax deductible. But the motives for creation of an American Society were unique. Instead of a society wishing to sponsor a journal, a journal was in search of a society. The assembled guests quickly accepted the idea of an American Society, but it should be noted they had carefully been selected as potential enthusiasts. The individual whom they appointed to chair an organizing committee was not one of them. He was convinced that the enthusiasm would quiet down quickly and that there was really no need for another society. He had plenty of support from others. Indeed, four of the first 12 Presidents

of the Society had gone on record as having serious misgivings. Their arguments were as follows. If you want a forum for good research, use the American Society for Clinical Investigation, the Federation Meetings, the Central Society, the Blood Club and countless others. If you want clinical hematology, attend the College Meetings. If you have something really important to present, put it in writing and people can read it more comfortably in an easy chair at home. There was even one laboratory group in Boston headed by some of the stalwarts of hematology that thought it was immoral to attend scientific meetings: one might miss a full day's work in the laboratory. This puritan ethic may sound antediluvian, but we could use some of it still.

However, despite the worry over question of a need for a hematologic society, the Chairman, Dr. James Tullis, put one announcement in BLOOD, that if anyone were interested he could attend an informal meeting April 7, 1957 at the Harvard Club in Boston on the Sunday preceding the American College of Physicians. The Aescalopian room was rented for a morning organizational meeting and 12 people were invited to give scientific papers in the afternoon; Six on PNH and six on that year's "in" subject, bone marrow transplantation. By 10:00 A.M. 125 persons had arrived, and it was necessary to engage the adjoining Massachusetts room. By afternoon, there were around 200, who overflowed into both rooms. Now then, what kind of people came? This is important to consider. They were comprised of the following: There were about a dozen pediatric hematologists. There were an equal number of Clinical Pathologists. There were a number of people from governmental agencies interested in blood: the A.E.C. the N.I.H, the Naval Research Institute. There were some basic science representatives which included a scattering of chemists, physiologists and anatomists like O.P. Jones. There were experts in nuclear medicine. This was because many of the early isotopes were used for either the diagnosis or

treatment of hematologic dyscrasias. There was a large group of Internists, perhaps close to 50. And then there was a group best described as professional joiners. Whenever a society is formed, they are present on opening day so they can get in before the admission standards are set. It doesn't matter whether it's a Society for the study of artificial organs or just what. Some are entrepreneurs. Some are medical school-dropouts. Some have a degree. But none of them is quite kosher. The meeting drew two dozen of these and got at least that number of telegrams from people wanting to be charter members even though neither they, nor any one else knew just what was being formed.

But no one present that first day, even the legitimate persons had come without a reason. The Clinical Pathologists were looking for certification. They needed it to command better court fees as expert witnesses. The pediatric hematologists were looking for legitimacy. They were still a young group and the Pediatric societies didn't appreciate them. The basic scientists were seeking a forum. They particularly wanted to interact with persons working with other disciplinary talents. It was not clear what the clinical hematologists were seeking. Probably it had been made too easy for them by assembling before an A.C.P. meeting.

The organizational session that morning accomplished several major feats. First, everyone agreed to organize. Next, they elected interim officers (Appendix A). Then they elected a committee to draw up a Constitution for ratification in 1958. Next, they selected Atlantic City for a second organizational meeting, again to precede the A.C.P. by one day. Then they fought bitterly over two issues. What name should be given to the Society? And what language should it use? English, or both English and Spanish? Many were anxious to use the name American Society in order to include Canadians. Others pointed out that the term American includes everything in this hemisphere - from the Arctic

to the Antarctic Circles. The name North American Society was proposed as a compromise, as most persons did not want two languages. Some fatuous fellow rose at that point and stated that Mexico is part of North America and not Central America as many assume. Thus the carousel went around. By wielding a quick gavel, the chairman in two quick motions rammed through the name American Society and English as a language. The society was home free.

The Constitutional Committee met for four hours that first day and assigned sub-tasks to each member and creation of an overall first draft to Israel Davidson of Chicago. The committee had in mind the United States Constitution. As many recall, Ben Franklin had been the logical choice to write it, as most of the ideas had been his. However, he had been such an incorrigible wit, the constitutional convention selected Thomas Jefferson for fear Franklin would insert a few puns and plays on words into the constitution and make it an international joke. There were some real jokers on the Constitutional Committee of the A.S.H., but fortunately, none got the job of writing the first draft. Dr. Davidson radiated appropriate dignity. He got the job and did a masterpiece with it. The autumn of 1958, the Constitutional Committee met again in Dr. Tullis' laboratory in Boston, and it should be noted that the total treasury of the as-yet-interim society was \$12. Each out-of-town member including Davidson from Chicago, Ham from Cleveland, Berman from Detroit, and Lowenstein from Canada paid his travel expenses out of personal resources. At that meeting it was agreed that the following principles would be incorporated into the Constitution.

II. Principles and the Constitution

It was proposed that the Society should be a forum for the advancement of knowledge about blood in its broadest sense. As such, the chief

function should be to sponsor an annual meeting which was of high quality and which moved throughout the country. The meetings should encompass all aspects of hematology, both basic research and applied practice. It should not be primarily a social outing for lavish entertainment or expense. Moreover, it should encourage non-members to attend. Although the constitution did not say so, little or no fees were favoured for students or non-members to attend the scientific sessions. One can argue that non-members should pay for what they're getting, but one also should recall that fees set up a barrier to the dissemination of new knowledge. Are we so rich we can afford to be that poor?

Secondly, the committee favoured the creation of an inclusive rather than an exclusive society. It was believed that the knowledge about blood would spread fastest among the upcoming generation if persons with even reasonable credentials were encouraged to apply for membership. Whether this was responsible for the almost exponential membership growth over the first few years is not certain, but at the very least it made the Treasurer happy.

Thirdly, the Constitutional Committee favoured a multi-discipline membership. For one thing, no one could define the word hematologist. It meant different things to different people depending on his personal orientation and training. How then could one restrict a hematology society to any single clinical or basic talent? Moreover, a multidisciplined society would represent appropriately the diversity of persons who showed interest early in the Society. The committee believed this also would give rise to the stimulation that generally arises from any crossing of traditional disciplinary lines. One of the immediate consequences of this was the subsequent decision promptly to dissociate the A.S.H.

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from meeting in tandem with the A.C.P. The A.S.H. did not want to be thought of as a professional society or even a society of practicing clinicians. That is how the first week in December was selected as a time for all meetings after the second organizational session in Atlantic City in 1958. The Interim President polled all of the Societies he could find and except for the summer vacation months, the only time of year without fixed meetings, holidays, graduation exercises or something immutable was the first two weeks in December.

The fourth concept the Committee tried to incorporate into the Constitution, was something it did NOT want to do. Aristotilian logic should have taught better. It is not possible to make a positive forward statement about a negative, and perhaps backward step. The committee did not want to form a regulatory society. It had no desire to establish Boards. It had no desire to legislate standards of performance or excellence of training or practice or anything else. It was aware it was entering an era of human endeavour when it was the vogue to legislate, to regulate, to codify and to reduce the good and the bad to one depressing mean. It knew it might never succeed, but it dared to try. Recent events suggest the battle soon may be lost. Perhaps this is both appropriate and inevitable. But it is only proper to mention that similar pressures were present from the beginning. Despite these pressures, it was felt at that time that the manifold headaches and heartaches that came with Boards and regulatory commissions outweighed the dubious benefit of upgrading an occasional student or program.

The constitution was developed with these principles in mind. Since then it has been revised and the most recent revision is before the Society for ratification. This recent revision takes into account the growth and new development within the Society. An example of this is

the Committee on Scientific Affairs which became necessary to develop the program because of the emergence of this special group and the education program.

The last comments concern the third section referred to earlier, the battles between the two groups whom one may call the Mignon men and the B.T.O.'s and the development of different groups within the society. Only a few words are worthwhile about the battles. The names of the contestants would best remain unstated.

The Mignon Men were for the following:

1. They wanted absolutely minimal dues. It was not that they were tight - or so they said - but they truly believed it would ruin the society to have more than a bare minimum of money left over at the end of each year. Many of them were distinguished professors, and members of governing boards of innumerable societies and foundations. Money they said brought headaches. One has to do something with it, start scholarships or sponsor research or give away medals and awards. And one can't do that sort of thing without a permanent staff. This means a supervisor to be sure the permanent staff does its work and a supervising committee to be sure the supervisor supervises. Thus, one has the Peter Principle or Parkinsons Law. Needless to say, there is soundness to this argument.
2. They wanted a minimal Administrative Staff. Despite the problems of incomplete mailing lists, late circularization, and other boo-boo's which occur whenever a physician or scientist takes unto himself an administrative task, the Mignons argued forcefully that a weak or incompetent secretariate was the surest way to avoid a headstrong rush of the society into places it didn't belong. There would be little danger, for example the A.S.H. would be asked to send scientific panels to N.R. C. committees, or testify on a congressional bill or perhaps encourage departments of hematology with the medical schools.

3. They wanted the A.S.H. to make maximal use of a journal like BLOOD yet not be sufficiently organized as a group to take on official sponsorship of that Journal, or any other if asked. Indeed, they did not want the A.S.H. to take on the official sponsorship of any real property, be it a building or endowment or floating crap game. This way, there would be no danger of doing anything wrong. The society would be doing nothing but sponsor an annual meeting.

Against all of these ideas of confederacy, town meeting and local control were arranged a formidable array of B.T.O.'s. One need not name them. They were strong Federalists; big dues, a permanent professional staff, housed someplace comfortable and convenient membership lists (for a price) to appropriate drug firms or publishers; liason with all professional and scientific societies; certificates of membership for framing and hanging on the wall (silver for those with 25 years dues paid in advance, gold for life members) admission standards that would make membership something a little special or distinct.

The attitudes of these opposing forces is not unique to our society or even to medicine. They exist in everything from a Brownie troop to a cemetery. It is unclear which is right. Perhaps a little bit of both. It is not germaine either to suggest or to predict which way the society will grow in the future. However, it can be hoped that each step it takes down the road is carefully considered and not entered into on the basis of what is popular or expedient, rather what appears most likely to serve best the needs of its constituency rather than the needs of itself as a corporate entity.

The Society has grown considerably since its early years. A number of major developments have occurred which reflect the flexibility and adaptability which was built into the Society by its early leaders. Two major developments can be identified in this area: 1) the development of special groups within the Society: 2) the development of an education program.

Early in the 1960's it became apparent that some of the groups with a special interest in the Society were finding it difficult to engage in the kind of dialogue which would be satisfactory to them. The first group to recognize its need in this area were those individuals interested in immuno-hematology and part of their need was a result of problems in the American Association of Blood Banks. The Societies executive was approached by this group and it was agreed that they could hold their own meeting before the annual meeting of the Society. The executive recognized that this would be the need of a number of other groups and engaged Dr. Frank Ebaugh and a small committee to bring in a report relating to these groups. This was done (Appendix B) and established the route by which special groups could hold meetings for the Annual Meeting of the Society. This has allowed the Society to cater to the special interests of individuals, and at the same time maintain the basic structure of its Annual Meeting. At times there has been some misunderstanding about these groups, but overall one would have to say they had to be successful. There has been difficulty in linking them administratively to the overall Society and insuring that they rotate their membership and Chairman according to the principals laid down in the Ebaugh Report. As mentioned earlier, this lead to the creation of the Committee on Scientific Affairs, in an attempt to coordinate all these activities.

The other response of the Society to the needs of its members, was the development of an Education Program. This was spearheaded by Hale Ham, who recognized the need to bring relevant new information to the forefront

for people engaged in the practice of Hematology. This resulted in the development of teaching materials and the organization of a special education program which first appeared at the Cleveland Meeting in 1969. These sessions have proved successful and the education program is now a major activity of the American Society of Hematology.

These last two examples serve to demonstrate the adaptability of the American Society of Hematology, but they also emphasize the complexity of the organization now, and the fact that we do face the problem of trying to administer a successful but complex organization.

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2. A consideration of the forces affecting the Society today

Growth of the Society:

The growth of the Society to its present size has been both gratifying and somewhat unexpected. This growth has led to both diversification of the membership, and a surprisingly strong representation of people in clinical practice of hematology throughout the country. The results of this growth have been somewhat paradoxical. The Society is no longer small enough to be operated effectively by the usual informal mechanisms with volunteer officers and functionaries which characterize most small scientific societies. The problems of record keeping, communication with the membership, and some effort to serve the marked divergence of interest of the membership are now all rapidly exceeding the capacity of this informal mode of operation. Indeed, the development of the program for a national meeting is rapidly becoming a job which only a few communities can undertake.

On the other hand, the Society has not yet achieved the size which permits it to develop a stable and ongoing administrative apparatus to support the elected officers. Neither is it able to extend substantially its services to the membership because without such an organizational structure, it has been difficult to develop adequate resources.

In considering the future structure of the Society, it might be well to consider the maximum size of society that might be attained within a reasonable period of time. We might predict

a moderate continuing growth, but without a general public membership in our organization, growth of the discipline of hematology alone will limit the ultimate size of the Society.

Since the founding of the Society, the range of topics and depth of development of each of these considered to be within the area of hematology has been extraordinary. To some extent the discipline of hematology has suffered a degree of fragmentation into four major areas, at least. A practicing profession has emerged and has been shown to be economically viable with interests in and responsibilities for both clinical care and laboratory procedures. Other professional groups and agencies interested in certain aspects of hematology have developed and strengthened to a limited degree. Of these, the American Association of Blood Banks has been possibly the most successful and this may account for the relatively modest representation of this discipline within the American Society of Hematology at the present time. Some of these special interest groups have developed small resources for research or clinical purposes, but none has grown into a large and effective force in the field.

By contrast, the continued growth of the field of oncology in the United States has divided the Society's interests in the field of malignant blood dyscrasias with groups oriented in this direction.

Although the American Society of Hematology still retains a great interest in these problems and they are well represented in our publications and programs, it would be fair to say that the initiative in these areas has been seized by groups and organizations with oncology as their primary interest. The development of a Council on Thrombosis within the American Heart Association will have an effect on the membership within the American Society of Hematology. If the Society does not

take appropriate steps, each of these developments and others as yet not identified, could lead to a splintering and decline of the Society.

An Era of Declining Support for Science:

Little needs to be said of this sad topic save to predict that austerity in budgets for biomedical research will be the order of the day for a number of years to come. In many respects this has been useful in that it has forced, initially at least, sharpened priority decision-making processes. However, now it is quite clear that the general decline in support will reduce the total activity in our field substantially, with an impact yet to be appreciated.

The changing emphasis on health care funding toward education and issues of distribution of health care has developed a new set of processes such as targeted research, research management, research contracts, task forces and new agencies which have placed different restrictions on the expenditure of investigative funds, commonly with loss of freedoms provided in the past. A decline of young people entering into the field of hematology with primary research interests is already being experienced, and more restricted opportunities are available to those who do enter because of some of the newer approaches to health care funding just mentioned.

The Impact of the Political Process on Science and Health Care in the Field of Hematology:

The growing voice of the consumer, the public at large, in scientific and health care matters is a recognized phenomenon, one which many people have felt is long overdue. Whereas, consumers have some level of information about major issues in areas such as cardiovascular disease, diabetes and malignant disorders, it is apparent the public at large knows little about hematology.

Much of the public's voice is being expressed through the legislative process and in connection with third party payment plans for health care. This has led to increasing complexity of decision-making throughout the health care field including research. Simultaneously, a variety of governmental regulatory agencies with which we interact, and the National Institutes of Health have been under political attack and decision-making has become further impeded.

Rather recently, a variety of scientific disciplines have recognized the need to exert a more powerful role in the decision-making processes about both health care and biomedical research. They have recognized the need to speak to both the public and to government, and to develop a constituency within the public which knows of and supports their views. Those scientific societies with large public representation find themselves in a particularly fortunate position at the present. One might point to the changed role of the National Academy of Sciences as well as to the Association of American Medical Colleges and its Council of Scientific Societies as examples of important efforts in this direction.

By contrast, a number of small societies which definitely reflect special interests as their primary reason for existence have become increasingly suspect in the public eye. Their inability to speak to the larger issues which face our society and our health care system has been a striking defect. Their general position has been that of reacting to changes rather than leading in the cause of solving problems.

The Role of the American Society of Hematology in Present Day Decision-Making:

The present record of our Society is not particularly promising in this regard. Save for the role of members acting as individuals, the Society has not had a direct voice in any number of important public

decisions which relate to our field. Specifically, we have not spoken as a Society concerning the conquest of cancer development, the program which has renewed interest in the sickle cell problem, nationally based research programs in thromboembolism and a variety of other programs of the National Blood Resources Program of the NIH or the hepatitis-associated antigen testing program in the field of blood transfusion. Other examples could be cited. Without pre-judging at this point what the role of the Society should be in such matters, it is clear that the Society has had essentially no role in these decisions and a number like them in the recent past.

3. Posture of the American Society of Hematology in the future

As the preceding section indicated, the health system (education, research and service) is subject to a number of forces which will lead to major changes in the system. These changes will have a significant effect on the functions of each of us in the health system and on the shape of hematology in the future. These changes will effect each of the areas in which members of the American Society of Hematology function such as; A) the delivery of health care; B) the education of health personnel; C) health research. This Society has provided in areas such as research and education a forum for discussion, and in some cases, leadership. There seems little doubt that the activities of the Education Committee has been imaginative and are an example of leadership in providing a solution to a need which existed in respect to a section of the Society's membership. The question which the Society faces is - should the Society remain a passive body or should it become concerned with each of the above areas as they relate to hematology? It appears that if the Society is to maintain its vigor, and its membership, it will not only have to provide a forum for discussion in its traditional areas but in some of the new sections as well as possibly providing leadership in suitable situations. It is difficult to divorce health research from health services and health education or to divorce health education from health services and health research. Any restriction which maintains a narrow interest of the Society will lead to dissatisfaction of groups within the organization and a shifting of their interest to other bodies which may provide a more suitable grouping for discussion of the problems which they face.

The education of health personnel is an important determinant of the attitude of individuals engaged in the delivery of health care. Already, there are attempts to modify the educational system so as to influence the delivery of health care. The emergence of hematology as an identifiable discipline in the delivery of health care poses a major challenge to us in relation to this. In view of the broad base of the Society's membership, should it not be a forum for discussion in relation to the changes which will develop in research, education and the delivery of health care? Should we not be in the position to suggest approaches which might be taken to solve some of these problems? Since the Society is a multidisciplinary body with considerable flexibility and adaptability, it is at this stage in its career in a position to meet these challenges. Obviously, the Society cannot directly influence the decision-making process in Government, or tell Universities what to do. It can, however, discuss the issues, present the facts, and, when appropriate, set up demonstration models.

Let us take the area of research as one example. There is little doubt that science as we have known it, is being challenged by Government and the public and that we are now entering an era in which the management of research and the determination of goals and priorities will become increasingly important. Should the Society which contains the greatest collection of talent in relation to health problems in hematology ignore this challenge? Should it be in the position to define what it thinks is important? One example of an approach the Society could make in the field of research as related to hematology is outlined in Appendix B.

A contentious area in which the Society has not been active is in the area of delivery of health services. Obviously with increasing involvement of Government in the delivery of health services, decisions

may be made which would have a significant influence on the practice of hematology as we understand it. These decisions could have major influences on education and research in hematology. If this Society remains aloof from these problems, what will the implications be to the future of the Society and the interest of its membership? An example of the kind of activity the Society might become involved is given in Appendix C.

There is considerable pressure and demand for more involvement of non professional groups in defining the policies which affect science, and health services. Should the American Society of Hematology establish strong links with the public, and if so how should this be achieved? If one does not establish some means of communication with the public, how can they be informed about our perception of the problems and the possible solutions? An example of one approach which can be made in this area is given in Appendix D.

As in another section of society it would appear that hematology has become a matrix with horizontal and vertical components. The vertical components could be classified as health services, health research and health education. The horizontal components include the different segments of hematology, such as anemia, oncology, thrombosis, etc. Other components are the different health personnel that are involved in hematology such as physicians, laboratory workers, scientists, and technologists. If a matrix such as this exists, should this not be reflected by the Society's organization?

The answers to the questions which have been posed will have a significant influence on the future characteristics of the Society, and its structure.

4. Future organization of the Society

Regardless of the activities in which the Society engages, it is clear that if we are to develop an effective posture for the future and be able to take care of the needs of the different groups in the Society, attention will have to be paid to the administration and structure of the organization, the methods for communication and the extent of our resources.

Administration

The existing administrative arrangements of the Society are inappropriate for the future of the Society if it is to meet the challenges which are facing it. The establishment of a large staff and central office, however, could make the professionals of the Society subjective to the control of the staff and the central office. The solution would be to select one key individual who would be the Executive Secretary of the Society. Such an individual should not be directly in the editorial function of the Society's medium for communication. He could work with the executive body and make arrangements with other agencies to carry out specific tasks. To achieve even this modest administrative arrangement, it is obvious that the resources of the Society would have to be increased.

We will have to consider the length of office of the senior officers in view of the need for an informed and continuing body of senior officers. To deal with the problems facing the Society and its membership there is a need to insure a system of communication from the membership that achieves feedback from all these groups and their participation in the projects relating to problems the Society takes on. To meet these objectives, the constitution should be revised. The establishment of a matrix organization is essential

to get broad involvement and develop leadership for the future.

Communications

Obviously to be an effective Society, communications must exist with all levels of the Society and with external groups. A way for members of the Society to communicate with individuals with similar interests must be found. One mechanism for establishing effective communications might be the establishment of a journal operated by the Society. Such a journal would open up possibilities for education (publication of information about books and teaching aids, special symposia, educational articles) and for discussion and presentation of material related to new areas in which the Society becomes active. It could provide a basis for discussion of problems affecting hematology in relation to the changes which are taking place in research, education and health services.

A journal to service the Society might be achieved by making an arrangement with an existing journal or by establishing a journal, possibly quarterly, to meet the Society's needs. Whichever approach is taken it must be recognized that the journal will have to be attractive to a much larger audience than the membership of the Society alone. This will be required if the journal is to be financially solvent. More important, it will provide a means for the broad diffusion of knowledge in our field and for communication beyond the membership of the Society.

Resources

In order to meet the new developments which will occur within the Society, the resources of the Society will have to be increased. It is necessary that such resources required for the purposes of communication and administration should be handled in a way which does not create conflicts with the tax office. In addition, it may be necessary to apply for grants from such foundations as the

Kellogg Foundation and Ford Foundation. The establishment of a tax-free foundation for blood disorders separate and distinct from the Society could fulfil this purpose. The function of such a foundation would be to receive and distribute monies in relation to the activity of the American Society of Hematology. The dispersement of these funds could be under the control of a committee of the American Society of Hematology. The Foundation must have lay membership. Such an arrangement would provide part of the mechanism for community involvement.

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5. Implementation

The first thing which must be achieved is to mobilize the Society and to get it to recognize and accept the need for change.

Once this has been accomplished the objectives for the Society and separately for the foundation must be defined.

Following this the constitution should be rewritten and the documents to establish a tax-free foundation for the study of blood disorders prepared.

Since this is in our opinion an urgent matter and requires some continuity of individuals to get the job done, we would recommend that the existing group in collaborations with the Advisory Council be given the task to carry out the development of the above points working through the executive committee of the Society.

Much of our research effort has been in the area of the biomedical sciences. This has resulted in less emphasis in the area related to problems dealing with people and their health problems. It is clearly easier to conduct research dealing with easily defined subject matter such as animals and cells in which one has precise measurements, than to deal with studies of human beings in the community setting, in which the methods of measurement are often imprecise. The latter type of study is usually of long duration and often the results are not dramatic. Our attitudes towards research and the methods of funding have made it difficult for individuals to establish careers in this sector. Today however, it has become apparent that the scope of research has to be broadened to include not only biomedical research, but research in the applied sectors and in the area of community health problems, diagnostic procedures, treatment, and in the area of health care delivery. This whole area can be defined as health research. One definition for health research is "all systematic study directed toward the development and use of scientific knowledge through fundamental research in the laboratory, clinical investigation, clinical trials, epidemiological studies, and other fields related to health.

Biomedical research is inseparable from health services research: identical rules of evidence apply and each can serve as a stimulus to the other. The therapeutic or diagnostic innovations arising from biomedical research should be tested in health services research experiments. Conversely problems in health services research, (such as the differences in responsiveness to key drugs in certain subjects, in clinical trials) often provide fruitful areas for further biomedical research studies. The concept of the continuity of health research has important implications. Clearly individuals engaged in biomedical research and health services research should insofar as

possible share a common body of knowledge. The systems of grant support should foster interdisciplinary program orientated research in the area of hematology, as well as other areas.

If goals and priorities are to be established, in science and particularly in health research and hematology, a number of issues have to be faced.

What are the problems of health research in the area of hematology? Once the problems have been defined, what is the situation in relation to the most appropriate type of research activity which should take place? For example, one could classify health research as having three primary components:

- a) hematologic research related to health problems in which there is not output enabling knowledge (this is often defined as basic research);
- b) hematological problems in which the knowledge base is developed to the point in which we appear to have information which could lead to improved management of the particular problem;
- c) hematological problems related to the delivery of health services in which a cost effectiveness analysis could be considered, or in which the service being rendered is ineffective due to introduction of a procedure without an adequate development of knowledge. It is possible that one could define the cost of each of the health problems in the area of hematology and from this recommend the kind of resources which should be allocated to research for the development of knowledge so as to effectively deal with the problems.

In an approach such as this, it might be possible to define the primary and secondary objectives in hematologic research. One example of a primary objective in hematological research would be as follows: "to provide new knowledge and to study hematological problems of national, state and regional and district importance, taking into account national goals, (including science policy), the relation of hematological research to the education of health personnel, the provision of health care, determination of

priorities in the delivery of health care, and the needs of the community.

An example of secondary objectives which could be developed are as follows:

A. Education

1. to ensure that during the education of health personnel that they are aware of, and understand the implications of health research and are prepared to take part in the assessments and changes which undoubtedly occur with increasing frequency in the health system.

B. Provision of Health Care

1. to define the existing state of our knowledge of the causes of hematological problems and of the efficacy of preventive and therapeutic attacks upon them.

2. to assess the value of existing preventative, diagnostic or therapeutic procedure.

3. to serve as a base for quality control in hematology on a district and regional basis.

C. Priorities

1. Priorities in health care to define the alternative approaches for dealing with health problems in relation to costs, quality and sociological factors.

2. to ensure that in areas where knowledge is inadequate, that steps are taken to remedy the situation and that these deficiencies are taken into account when resources are allocated to the health system

D. Community

1. to ensure that the community are aware of the role of research in the health system in particular hematology and that mechanisms are established whereby problems identified by members of the community can be presented to the groups engaged in health research in the area of hematology.

The development of concepts such as this within the American Society

of Hematology would put us in the position to innovate with respect to the development of health research as it influences hematology and as well put us in the position to influence the decisions which occur in relation to the delivery of health care. These will be key issues in the future and decisions will be made by the primary groups providing the resources. The American Society, if it has defined its own objectives and priorities in the area of research as it relates to hematology, would be in a position to ensure that its concepts and information were available to guide the decision making process.

DELIVERY OF HEALTH CARE AS IT RELATES TO HEMATOLOGY

This is a difficult and contentious area for the American Society of Hematology to be involved. Nevertheless, decisions that will be made in this area, will have a significant influence on the future of hematology and its members. What could the Society do in this area?

One example is that the Society could encourage and perhaps even support the initiation of demonstration projects relating to the role of hematology in the delivery of health services. These could be classified as demonstration models.

One example of a demonstration model is an examination of the role of clinical and laboratory hematology in the management of health problems.

Could we establish within a district a program in hematologic services which would combine both the clinical and laboratory functions? Could such a service provide the clinical consultation for the management of hematological problems in such a way that the physician referring a patient for investigation would maintain his primary role as a physician providing health care to the individual or family concerned? Such a district grid for the provision of hematological services, could exercise an enormous influence on the use of laboratory tests. Tests could be defined as those which are available to all physicians and those which are available only through consultation. Such a system could have an enormous influence on the quality of hematological health services provided, and on costs.

Such a suggestion may be offensive to many members of the Society. However, in view of the costs of health care, and the increasing use of public resources to fund health services, attempts will be made to exercise control over the system. Some constituencies in North America, such as the Province of Quebec in Canada have proposed legislation which may seriously impair the role of professionals in determining the scope

and quality of health services. An imaginative and effective program, in such an area could demonstrate to the public and government that professionals are capable of acting responsibly and allow us to be involved in determining the mechanisms for the delivery of health care and provide us with the opportunity to have the primary responsibility for the scope and quality of health services.

There are many ways in which the Society can be involved with the public at large. The Society could become a body such as the American Heart Association which has a large public representation, largely concerned with fund raising and public education. A change in this direction would have a major influence on the characteristics of the Society but could ensure a strong link between the Society and the community.

There are, however, some simpler approaches which might achieve the objective of a strong community relationship without imposing additional burdens on the Society's administration and characteristics. One such approach is to recognize the opportunities which are provided when individuals are admitted to hospital. A patient in hospital is a captive audience and quite often has a T.V. set in his or her room. If the American Society of Hematology developed educational material which could be played through the T.V. sets one would have an opportunity to present constructive material in relation to education of a patient and his problem and in addition could provide material which would indicate to that individual where hematology is today, and what the problems are that we are currently studying. An individual in hospital has the time and the motivation to take in such information. Such an individual informed through this procedure now becomes an informed member of the community when he leaves hospital. Obviously material which is used for this purpose would have to carefully be developed for its appropriateness and its implications would have to be fully understood, by all the physicians working in the area in which it is used. The development of a program such as this could be considered as a further extension of the activities of the education group within

the Society, and would obviously create an additional burden on the resources of the Society and its administrative structure.

Future Organization of the Society

Regardless of the activities which the Society engages in, it is clear that if we are to develop an effective posture for the future and be able to take care of the needs of the different groups in the Society, attention will have to be paid to the administrative structure of the organization, methods for communication and the extent of our resources.

Administration

The existing administrative arrangements of the Society are inappropriate for the future of the Society if it is to meet the challenges which are facing it. The establishment of a large staff and central office, however, could make the professionals of the Society subjective to the control of the staff and the central office. The solution would be to select one key individual who would be the Executive Secretary of the Society on a semi permanent basis. He could work with the executive body and make arrangements with other agencies to carry out specific tasks. To achieve even this modest administrative arrangement, it is obvious that the resources of the Society would have to be increased.

We will have to consider the length of office of the senior officers in view of the need for an informed and continuing body of senior officers. To deal with the problems facing the Society and its membership there is a need to insure a system of communication from the membership that achieves feedback from all these groups and their participation in the projects relating to problems the Society takes on. To meet these objectives, the present arrangements for the nominating committee would have to be changed.

Communications

A key point in establishing effective communications within the Society is the question of a Journal. The Society's Journal would open up possibilities for educational efforts (publication of books, teaching aids, special symposium, monographs) and for discussion and presentation of material related to new areas in which the Society becomes active. It could provide a basis for discussion of problems affecting hematology in relation to the changes which are taking place in research, education and health services.

Such a Journal need not be a duplicate of BLOOD, but rather something published on a different schedule committed to the needs of the American Society of Hematology and including not only the needs of research but also those of education and health services.

Resources

In order to meet the new developments which will occur within the Society, the resources of the Society will have to be increased. It is necessary that such resources which will be necessary for the purposes of communication and administration should be handled in a way which does not create conflicts with the tax office. In addition, it may be necessary to apply for grants from such foundations as the Kellogg and Ford Foundations. The establishment of a tax-free foundation, separate and distinct from the Society could fulfil this purpose. The function of such a foundation would be to receive and distribute monies in relation to the activity of the American Society of Hematology. The dispersement of these funds could be under the control of the Committee of the American Society of Hematology.

An outline of the concepts in these areas is included in Appendix E as originally presented by Dr. Wasserman.



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From: L.R. Wasserman, M.D.

October 14, 1971

To: J. Frazer Mustard, M.D., Chairman
Advisory Council, American Society of Hematology

There are three items to which I would like to address myself, viz.,

- (1) establishment of a central executive office.
- (2) establishment of a tax-free corporation to sponsor a Society Journal.
- (3) create a tax-free Foundation for Blood Diseases with lay and scientific members.

(1) During the past few years it has become apparent to a number of interested members of the American Society of Hematology that the administrative organization was not keeping pace with the rapid growth of the Society. At the present time this organization has a membership of approximately 1500 with an annual growth of about 200. If adequate membership records and dues and other information such as curriculum vitae, scientific interests of members and training programs, annual meetings, intersociety affairs, etc., are to be kept current, the administrative office and personnel should not be shifted every few years but should be centralized and become more or less fixed. The burden of record keeping is such that it cannot and should not be placed in the hands of willing but overburdened volunteers. Our experience has not been too good of late.

At your suggestion I investigated the feasibility of establishing a central Executive office run by the Society with an Executive Secretary-Treasurer, or an Executive office under the direction of some professional organization. The prototype for the former was the American Association for Cancer Research, and for the latter Steven K. Herlitz, Inc.

Mr. William Andrews of Herlitz with whom I met was quite outspoken in his opinion that no professional representative should or could handle an organization as large as ours now, and with such an enormous growth potential. Rather he felt that we should move rapidly in the direction of centralizing our activities, our records and the office of Secretary-treasurer and concentrating our meetings to just a few cities. He agreed that the American Association for Cancer Research was a good prototype to follow. He felt that professional representatives were impersonal, sluggish in responding to changes, and too expensive.

The American Association for Cancer Research is located in Fox Chase, Pennsylvania, at the Institute for Cancer Research. I spent one whole afternoon with Dr. Creech who has been Secretary-Treasurer since 1952 being reelected every year. He employs a full-time secretary for the Society. Dr. Creech now spends about 85% of his time for the organization, but his salary is paid in part by the Cancer Institute. The total cost of running the office is about \$22,000 per year. The Association has 1750 members with only 50-60 new applicants per year. Incidentally, Creech also does not recommend a professional organization to run an Executive office, since he feels that the Executive Secretary-Treasurer has an enormous input into the Society, is more responsive to Society demands, and is more careful of Society funds. Creech handles everything, and I can assure you it is a well run office. He arranges annual meetings with hotels, works with committees on programs, etc. The only thing he doesn't do is arrange for exhibits.

If such an office is established the Executive-Secretary could be a retired member or one close to retirement who might be interested in such an administrative position, and who would require little in the way of a Society salary. Such a person would be the ideal candidate, initially.

(2) An "American Journal of Hematology"

For many years an undercurrent of feeling has existed in the Society regarding the journal BLOOD. Many members have expressed a desire to have it become a Society Journal, etc., but because of the previous close personal relationships serious discussions in the past were always postponed. We were also led to believe that all Society journals lost money and that we should beware of complicating our already overburdened organization with financial deficits.

Henry Stratton, to whom I have spoken, apprised me of the fact that BLOOD has always been a profitable venture netting Grune and Stratton about \$50,000 per year. The time is now ideal for the creation of a Society Journal. Experienced management personnel from Grune and Stratton are available and anxious to participate in a new venture. The Editor of BLOOD has only a short contract, the Editorial Board consists of Society members, reviewers are members of the Society in large part, etc.

It would not be possible for the American Society of Hematology to publish a journal since our tax-free status prevents us from paying salaries, etc., to any member. However, we can do what the American Association for Cancer Research has done. Create a tax-free corporation to publish the journal, have interlocking directorates and utilize the Executive Secretary-Treasurer to handle all of the Journal finances as Creech does. A Society Journal would open up an enormous vista for our educational efforts, e.g., publications of books, teaching aids, special symposia, and monographs would be facilitated, all abstracts of the meetings, and audio-visual programs, could be prepared. It could be a major accomplishment of our Society.

(3) The third phase of my recommendation is the establishment of a tax-free Foundation, separate and distinct from the Society and the corporation operating the "Journal", yet closely allied to it through its scientific members who could be former officers of the Society. An equal number of the Board will be well known, interested lay members, who for many reasons would lend their names and prestige to raising funds for the Foundation for the Study of Blood Diseases. Such funds could be used for various research and educational purposes under the control of a Committee of the American Society of Hematology. Such foundations have been established for other specialities. They possess enormous fund raising potential and would give to our Society an educational and research input that can have major effects in the future.

LRW:jma